

UNIVERSITY OF ABERDEEN

SCHOOL OF HISTORY & HISTORY OF ART

CULTURAL HISTORY PROGRAMME

CU 3507

CULTURAL HISTORY OF MEDICINE
(30 credits)

Session 2002-2003

Course Co-ordinator Dr David F. Smith

Information on the course for session 2002-2003

This course handout tells you about the organisation of the course. It should be used in conjunction with the Cultural History Programme's *Handbook* and the Department of History's *Guidelines for Students*. Please read these documents carefully and keep both for reference throughout the half-session.

Contents		
1	Lecture Schedule	Page 2
2	Tutorial Schedule	Page 3
2	Course Team	Page 3
4	Cultural History Programme	Page 3
5	Aims	Page 4
6	Transferable Skills	Page 4
7	Teaching and Learning Methods	Page 4
8	Books	Page 5
9	Assessment	Page 6
10	Essays	Page 6
11	Footnotes and Bibliography	Page 7
12	Plagiarism	Page 8
13	Extensions and penalties for late essays	Page 8
14	Class Certificates	Page 9
15	Student Feedback and Comment	Page 9
16	Computing	Page 9
17	Detailed Programme	Page 10

Cultural History Home Page: <http://www.abdn.ac.uk/ch/>
School of History and History of Art Home Page: <http://www.abdn.ac.uk/history/school.hti>

1. Lecture schedule

Week 1 (2-7 Feb.):	Ancient Medicine, c.500 BC–c.1000CE	
6 Feb.:	Greek Medicine: Hippocrates and Aristotle	Iona McCleery
6 Feb.:	Roman Medicine: Pliny and Galen	Iona McCleery
7 Feb.:	Ancient Eastern Medicine	Iona McCleery
7 Feb.:	Medicine and Faith	Iona McCleery
Week 2 (10-14 Feb.):	Medicine in the Middle Ages, and Renaissance c. 1200–1500	
13 Feb.:	The ‘Medical Marketplace’	Iona McCleery
14 Feb.:	The Impact of the Black Death on medieval Europe	Iona McCleery
14 Feb.:	Medicine and the Renaissance, c.1400–1500	Iona McCleery
Week 3 17-21 Feb.:	Medicine in the Early Modern Period, c.1500–c.1700	
20 Feb.:	Paracelsus and the Assault on Galen, c.1500–c.1600	Iona McCleery
20 Feb.:	The Rise of ‘Modern’ Medicine, c.1600–c.1700	Iona McCleery
Week 4 (24-28 Feb.):	The medical Enlightenment / Election of Class Representatives	
27 Feb.:	Philanthropy, infirmaries and dispensaries	Peter McCaffery
27 Feb.:	Medical trades and training	Peter McCaffery
28 Feb.:	Medicine and the Scottish universities	Ben Marsden
Week 5 (3-7 Mar.)	Nineteenth-century medicine I	
6 Mar.:	The medical profession in the nineteenth century	David Smith
6 Mar.:	Nineteenth-century public health	David Smith
7 Mar.:	Surgical revolution	David Smith
Week 6 (10-14 Mar.):	Nineteenth-century medicine II / Class Meeting	
13 Mar.:	Nineteenth-century alternative Medicine	Peter McCaffery
13 Mar.:	The bumpy history of phrenology	Ben Marsden
14 Mar.:	The germ of an idea: Pasteur and the genesis of laboratory-based medicine	Ben Marsden
Week 7 (17-21 Mar.):	Childbirth: from social event to specialism / Essay 1 due 4 pm Monday 17 March	
20 Mar.:	Medieval and early modern maternity care	Peter McCaffery
20 Mar.:	The man-midwife becomes the obstetrician: Britain and North America	Peter McCaffery
21 Mar.:	Contrasting national patterns: continental Europe, including the Netherlands	Peter McCaffery
Week 8 (24-28 Mar.):	The ‘animal estate’: ‘humanity’ and vivisection / Level Meeting	
27 Mar.:	Man and other animals	Ben Marsden
27 Mar.:	Fighting cruelty: the humanitarian movement	Ben Marsden
28 Mar.:	Secular medicine and (anti-)vivisection	Ben Marsden
Week 9 (21-25 Apr.):	Insanity, gender and the asylum	
24 Apr.:	Constructions of insanity	Oonagh Walsh
24 Apr.:	Gender and the asylum	Oonagh Walsh
25 Apr.:	Image and Reality	Oonagh Walsh
Week 10 (28 Apr.-2 May):	Anatomy and cultural perceptions of the body /Course Evaluation Form Exercise	
1 May.:	Anatomy in early modern Europe	Elizabeth Hallam
1 May.:	Modelling and imaging the body	Elizabeth Hallam
2 May.:	The corpse in modern Western societies	Elizabeth Hallam

Week 11 (5-9 May):	Medicine in the twentieth century I/Staff-Student Liaison Committee Meeting/ Esaay 2 due 4 pm Monday 5 May	
8 May:	The rise of 'productionist' medicine	David Smith
8 May:	Inter-war health debates	David Smith
9 May:	Communitarian medicine: the NHS	David Smith
Week 12 (12-16 May):	Medicine in the Twentieth Century II	
15 May:	Medical consumerism in the late twentieth century	David Smith
15 May:	The rise of alternative/complementary medicine	David Smith

2 Tutorial Schedule

<u>Date, time</u>	<u>Topic</u>	<u>Tutor</u>
14 Feb.: 12-1	Ancient Medicine	Iona McCleery
21 Feb.: 11-1	From ancient to Modern Medicine	Iona McCleery
7 Mar: 12-1	The medical Enlightenment	Peter McCaffery
14 Mar.: 12-1	Nineteenth-century medicine 1	David Smith
21 Mar.: 12-1	Nineteenth-century medicine 2	Ben Marsden
28 Mar.: 12 -1	Childbirth	Peter McCaffrey
25 Apr.: 12-1	The Animal Estate	Ben Marsden
2 May: 12-1	Insanity	Oonagh Walsh
9 May 12-1	Death	Elizabeth Hallam
16 May: 11-12	Twentieth-century medicine	David Smith
16 May 12-1	Overview	David Smith

In most cases we will be asking you to read and discuss a specific reading and/or other source material. Further details are provided below, in the detailed weekly programme.

3 Course Team

Dr David Smith, History, 102 Crombie Annexe, 273676, d.f.smith@abdn.ac.uk (Co-ordinator)
Dr Ben Marsden, Cultural History, 204 Crombie Annexe, 272637, b.marsden@abdn.ac.uk
Dr Elizabeth Hallam, Anthropology, OBF04, Old Brewery, 273938, e.hallam@abdn.ac.uk
Dr Peter McCaffery, Cultural History, E19, Taylor Building, 272769, p.mccaffery@abdn.ac.uk
Dr Iona McCleery, Visiting Lecturer, imm2@st-andrews.ac.uk
Dr Oonagh Walsh, History, 105, Crombie Annexe, 273884, o.walsh@abdn.ac.uk

4 Cultural History Programme

Cultural History courses (with CU codes) form part of the Cultural History Programme, located with the School of History and History of Art in Crombie Annexe, Meston Walk, Old Aberdeen. The Cultural History Programme takes an interdisciplinary approach to the development of cultures - including scientific and medical cultures. This approach is reflected in the teaching of CU3507. The core Cultural History team is as follows:

Co-ordinator: Dr Ben Marsden
Dr Elizabeth Hallam
Dr Peter McCaffery
Dr Philip Withington, G03 Crombie Annexe, 273539, p.withington@abdn.ac.uk
Secretary: Barbara McGillvray, G01 Crombie Annexe, 272457, b.mcgillvray@abdn.ac.uk

5 Aims

The aims of this course are:

- To offer an introduction to the cultural history of medicine.
- To give students the opportunity to study key topics in the history of medicine from Antiquity to the present day in intellectual, social and cultural context. These topics include: ancient, medieval and early modern medicine; medical astrology; the medical Enlightenment; nineteenth-century medicine, non-Western and 'alternative' medicine; the humanitarian and anti-vivisection movements; animal estate: humanity, insanity, gender, madness and the asylum; childbirth and midwifery; anatomical and cultural perceptions of the body in life and death; twentieth-century medicine. Cutting across those topics, the course also addresses issues such as the changing status of women as healers, the secular versus the religious, and the material culture of medicine.
- To encourage students to consider both continuity *and* change in the practices of medicine: what *traditions* did medical practitioners draw upon - even as they made radical *innovations*?
- To encourage students to consider the relationship of medicine to its *wider culture*.

At the end of the course students should be able to:

- Demonstrate an awareness of relevant introductory scholarship in the cultural history of medicine (e.g., course text, lecture material, additional readings relationship of medicine to its *wider culture*).
- Engage with the key themes and issues raised by the course (i.e., to show the ability to discuss these issues with factual support and a degree of independence in argument).
- Assess the interconnections between medicine, its ambient culture, and existing traditions.

6 Transferable skills

At the end of the course students should be able to:

- Show critical skills in assessing historical sources (in particular, to understand what counts as a *good* source in this field).
- Show enhanced confidence and independence in the skills required for the composition of assessed essays; and the presentation of verbal argument (e.g., in tutorials).

7 Teaching and learning methods

Lectures and Tutorials: The class will meet for four hours per week as follows:

<u>Day</u>	<u>Times</u>	<u>Room</u>
Thursday	11-12	MR 227
Thursday	12-1	MR 227
Friday	11-12	KCS15
Friday	12-1	KCS15

In most weeks there will be lectures during the first three meetings and a tutorial during the final meeting. The topics addressed during each week's lectures will normally be discussed during the following week's tutorial.

For variations on these arrangements see the lecture and tutorial schedules above. NB There will be no tutorial in week 4.

NB Attendance at lectures is *compulsory* – and essential for essay and examination preparation. Attendance at tutorials is also *compulsory* – and essential for essay and examination preparation. Absence without good cause leading to a poor attendance record may mean that the Class Certificate is withdrawn – and that the exam may not be taken.

- Many of the recommended books can be found in the History of Science section, Queen Mother Library, Level 2, class mark Sc.
- You are *not* expected to read all the material listed in the bibliographies below. However,
- You *are* expected to read one of the **Core readings** given for each lecture and the additional material which in some cases is assigned for tutorials. *Remember that you should be spending approximately 20 hours per week on this 30-credit course (including contact teaching).*
- It is *essential* to consult material from the lists of **Further readings** given with the lecture summaries when preparing essays: essays which fail to do this are very unlikely to score better than a 14.
- Historical interpretations are not set in stone: use recent books rather than ancient ones.
- Relevant historical journals – in particular *Bulletin of the History of Medicine*, *Journal of the History of Biology*, *Journal of the History of Medicine and Allied Sciences*, *Medical History*, *Social History of Medicine* and *Isis* – and the very useful *Isis* annual bibliography can be found on Level 2 and are worth browsing for a taste of recent research.

Essential course texts:

There is no single book covering all the material discussed in the course. However, you must obtain a copy of:

* Roy Porter, *The Greatest Benefit to Mankind: a medical history of humanity from antiquity to the present* (1997)

This book is essential reading for lectures and tutorials. It is comprehensive, readable, and very reasonably priced at less than £15: buy it now!

A new book by Porter *Blood and Guts A Short History of Medicine* (2002), is much shorter and less daunting. You might read this first, before going on the *Greatest Benefit*.

General readings:

There is a huge literature on the history of medicine and related topics. The following books usefully supplement Porter as introductory works:

Roy Porter (ed.), *The Cambridge illustrated history of medicine* (1996).

Irvine Loudon (ed.), *Western medicine: an illustrated history* (2001).

W. F. Bynum and Roy Porter (eds.), *Companion encyclopedia of the history of medicine* (1993).

Jacalyn Duffin, *History of medicine: a scandalously short introduction* (2000).

Two general reference works always worth consulting for the 'history of science' context are:

Arne Hessenbruch, *Reader's guide to the history of science* (2000).

R. Olby et al (eds.), *Companion to the history of modern science* (1990).

Relevant *objects* – including surgical instruments and other delights - can be found in the Marischal College Museum.

There are many good sites on the *World Wide Web* relevant to this course. Be aware, however, that many simply recycle poor quality material. Be aware, also, that plagiarism from the web is risibly easy to spot and, as with all plagiarism has serious consequences (SEE BELOW). The best rule is: go to our recommended readings first.

Before venturing out into the net, work your way through the *on-line tutorial on information skills for historians and philosophers of science* – also very relevant to history of medicine – at:

<http://www.humbul.ac.uk/vts/hps/index.htm>.

9	Assessment
----------	-------------------

Assessment is based on continuous assessment (50%) and one 3-hour written examination (50%)

Continuous assessment: you must submit TWO essays, each of 2,500–3000 words.

Exam: you must answer THREE essay-type questions, at least one from section A and at least one from section B. Each section will contain about six questions. *In the examination, you must not write extensively on material already covered in your essays.*

10	Essays
-----------	---------------

You are required to write TWO essays for this course.

- Essay 1 (2,500–3000 words) must be handed in by 4 pm on Monday 17 March 2003 (week 7). You should select one of the **Essay questions** given in the course guide with the weekly lecture summaries. This essay counts for 25% of the total mark for the course.
- Essay 2 (2,500– 3000 words) must tackle a different topic and must be handed in by 4 pm on Monday 5 May 2003 (WEEK 11). You should select one of the **Essay questions** listed in the course guide OR write on a subject of your choice but *only in consultation with the course co-ordinator* (David Smith). This essays again counts for 25% of the total mark for the course.
- The submission of both Essay 1 *and* Essay 2 is an ABSOLUTE requirement for a Class Certificate (see below).
- Essays should be *submitted* to the History Office, G01, Crombie Annexe (ground floor), where the time and date will be noted on the title page.
- Submit *two copies* of your work and retain one for your records. (If only one copy is submitted it cannot be returned.)
- It is expected that the essays will be submitted in word-processed format and must be accompanied by a bibliography and foot- or endnotes conforming to established academic conventions (see below). You must also double-space your work and use a reasonably large font.
- All work **must** come with a covering (title) page including the following information:
 - **Name of student**
 - **Student ID number**
 - **name of tutor**
 - **course code**
 - **title of work/essay question**
 - **word-count**
 - **this phrase with your signature:** ‘I understand the department’s guidelines on plagiarism (including the use of material from the Internet) and have abided by them in the preparation of this work’.
- Essays will be returned with a mark taken from the Common Assessment Scale with written comments and opportunities will be provided for you to discuss your essay and techniques of essay writing, with the course coordinator and/or other members of the course team.

We look kindly on (i.e., award higher marks to) essays which:

- make full reference to *historical context* (i.e., essays should go beyond disembodied ‘ideas’ and ‘theories’ in order to understand issues in the terms of the day).
- target the question.
- strive for and achieve a good narrative.
- employ a clear structured and ‘sign-posted’ argument.
- make good use of sources beyond lectures notes.
- take a critical and independent approach to these sources.
- show balance, good style and careful presentation.
- avoid hackneyed formulations like ‘the father of’, ‘laid the foundations of’
- avoid anachronistic judgements along the lines of ‘Galen was a loon: now we know better’: for the purposes of this course, we know *different*.

Before submitting your essays use this checklist:

- i) Do I have a clear *introduction*? (Write one - perhaps the final thing to do)
- ii) Do I have a clear *conclusion*? (Write one)
- iii) Have I *targeted* the question? (Cut irrelevant material ruthlessly)
- iv) Do the points I make and the nuggets of evidence I cite follow in a *logical progression*? (Make sure they do)
- v) Could I *reorder* material to clarify my *argument*? (For example, starting from simple premises and moving to more complex issues)
- vi) Can I find a *specific example* to back up a *general argument* or an *as-yet-unsubstantiated assertion*? (Read some more)
- vii) Can I suggest a *convincing general argument* or *pattern* from *specific examples* I have come across in reading? (Think more)
- viii) Have I *repeated* myself?
- ix) Have I used phrases or terms that I do not myself *understand*? (Cut them - or find out about them)
- x) Have I cut out all *ungrammatical* material (run-on sentences, it's... etc.)?
- xi) Are my *citations* full and consistent? (Make them so)
- xii) Are my *jokes* as funny as I think they are? (Probably not, although you never know)
- xiii) Have I followed the instructions above regarding the *title page*? (Do so)
- xiv) Have I followed the instructions below regarding *footnotes and bibliography*? (Do so)

You will find further advice on essay writing in the 'Guidelines for History Students 2002-3', '1st and 2nd Level Courses', downloadable from the History web site at <http://www.abdn.ac.uk/history/resource.hti>.

11	Footnotes and Bibliography
-----------	-----------------------------------

You must give credit where credit is due. Quotations, paraphrases, statistics, interpretations, and significant phraseology taken from books and articles must be carefully and correctly cited in footnotes at the bottom of each page. On the other hand obvious facts on which all authors would agree need not be footnoted. The correct form for footnotes is indicated by the following examples:

Standard entry:

William H. McNeill, *Venice: The Hinge of Europe, 1081-1797* (Chicago, 1974), 27

Multi-volume work:

Michael Roberts, *Gustavus Adolphus: A History of Sweden, 1611-32* (2 vols., London, 1958), 2: 2-39.

Article within a book:

Lawrence Stone, 'The English Revolution', in Robert Forster & Jack P. Greene, eds., *Preconditions of Revolution in Early Modern Europe* (Baltimore, 1970), 57.

Article in a journal:

E. William Monter, 'Witchcraft in Geneva, 1537-1662', *Journal of Modern History*, 43 (1971), 195-7.

In citing a work for which the publication data has been given in an earlier footnote, it is not necessary to repeat the same data. Simply write the author's surname, an abbreviated title and the page number. If the work was cited in the immediately preceding footnote, you do not even have to write the surname; simply write *ibid.* and the page number. The following sequence should make these practices clear:

⁶ J. P. Kenyon, *The Stuart Constitution 1603-1688. Documents and Commentary* (Cambridge, 1966), 203.

⁷ *Ibid.*, p.2

⁸ John Stoye, *Europe Unfolding, 1648-1688* (London, 1968), 85.

⁹ Kenyon, *Stuart Constitution*, 207.

NB your bibliography (i.e., the list of only those works actually cited in the footnotes) should not only include general works, such as Porter's *Greatest Benefit*. It should also include, for example,

specialised scholarly monographs, journal articles, chapters from essays collections, and primary sources.

If you wish, you may include a separate list called *Works Consulted* listing those works you read but did not cite in the footnotes.

Bibliographies should be arranged in alphabetical order *by author's surname* and should distinguish between primary and secondary sources. If citing a whole book do not include page numbers. If citing an article in a book or journal, give the page numbers of the *whole* article. Thus:

primary sources

Kenyon, J. P. ed., *The Stuart Constitution 1603-1688. Documents and Commentary* (Cambridge, 1966)

secondary sources

McNeill, W. H., *Venice: The Hinge of Europe, 1081-1797* (Chicago, 1974)

Monter, E. W., 'Witchcraft in Geneva, 1537-1662', *Journal of Modern History*, vol. 43 (1971): 180-204

Stone, L., 'The English Revolution', in R. Forster & J. P. Greene, eds., *Preconditions of Revolution in Early Modern Europe* (Baltimore, 1970): 55-108

As full details as possible should be given for web sources, ie, author, title, date, and not just the URL.

There is also a library factsheet at <http://www.abdn.ac.uk/diss/docu/facts/gi/fsgi10.pdf>, which gives advice about how to cite sources according to various systems but NB in history we prefer footnotes.

12 Plagiarism

Students **must** familiarise themselves with the University, Faculty and *Departmental Guidelines* relating to plagiarism. If a student is in any doubt on the subject the student should contact the course co-ordinator, Dr. David F. Smith. **Plagiarism, whether intentional or accidental, will have very serious consequences.**

13 Extensions and penalties for late submission of essays

Extensions. In general, the programme is **not** inclined to grant extensions. An extension can **only** be granted by the **course co-ordinator**. Any application for an extension must normally be made **before** the due date for the piece of work and must be made to the course co-ordinator **in writing**. The application must include or be accompanied by **supporting evidence** giving the reason the extension is necessary. Normally, extensions will **only** be granted on medical (or similar) grounds. Lack of books, mismanagement of time, computing troubles will **not** normally be considered sufficient grounds to grant an extension. In addition, in most circumstances, an extension will only be granted for the **period covered by the medical certificate** (or similar documentation) and only when the problem occurred reasonably close to the actual deadline (e.g., within a fortnight). In other words, a medical certificate covering a period of time 4 or 5 weeks prior to the deadline will not normally be considered relevant to the ability of the student to complete the work on time.

Penalty for late submission. The programme considers the submission of work on time essential.

Therefore, any work submitted beyond the due date (without an approved extension) will be penalised according to the following schedule: 1-5 days late: 1 CAS point deducted per day (Saturday and Sunday are counted together as a single day); 6-10 days late: 2 CAS points deducted per day (Saturday and Sunday are counted together as a single day). No work will be accepted after the 10th day past the due date.

14 Class Certificates

- ◆ **Levels 3 & 4:** To retain a Class Certificate a student must attend at least **thirty-six (36)** out of **forty-eight (48)** contact hours for a course, **unless** good reason for absence is **given in writing and accepted**. **No student** attending fewer than **thirty-one (31)** out of the total of **forty-eight (48)** hours, **for whatever reason or reasons**, will be awarded a Class Certificate. For purposes of a class certificate a single two-hour seminar will count as two contact hours in the above formula. Thus, if you miss a two-hour seminar you will have two hours deducted from the total possible (48). Students may only submit self-certifications for periods of 7 days or less. For longer periods a certificate or letter must be supplied by an approved person (e.g., doctor).
- ◆ Students admitted to an Honours programme in 1998/99 or thereafter, irrespective of their performance in other courses, will not be considered for award of an Honours degree or Pass degree unless and until they have obtained a Class Certificate in all courses which are a compulsory element of, or which are required to reach the prescribed total of credits for, their Honours programme. At the very least, this would require that a student re-attend any course in their Honours programme in which a Class Certificate has been refused (or another course of equivalent credit value, in the case of options). Moreover, if a student has failed to do so by the time they would normally have concluded their Honours programme it would lead to the student requiring special permission from the relevant Student's Progress Committee to extend their Honours programme.

15 Student Feedback and Comment

The Department places great importance on interaction with and feedback from its students. To facilitate this, each course has a meeting of all students registered for a course (the Class Meeting). At Levels 1 and 2, each tutorial group elects a tutorial representative and these meet with all teaching staff for that level at the Level Meeting which takes place each half session. At Levels 3 and 4, the Class Meeting elects two tutorial representatives and these attend the Level Meeting for their respective levels. A minute is kept of the Level Meetings and these are posted on Level notice boards in the Department. Each Level Meeting elects two representatives to serve on the Staff-Student Liaison Committee (SSLC) which is also comprised of the members of the Departmental Teaching Committee. The SSLC meets at least once each half session and its minutes are also posted in the Department. In addition, each course participates in the Student Course Evaluation Form (SCEF) exercise. These forms are distributed to students and returned by students to the Departmental office and then sent to the central administration for tabulation. As part of the SCEF exercise, course co-ordinators provide a report of the tabulated results for the Head of Department and then an overall report is prepared for the Faculty's Academic Standards Committee.

Issues of concern should be raised, as appropriate, in stages by students according to the following scheme:

- ◆ Course co-ordinator (David Smith)
- ◆ Cultural History co-ordinator (Ben Marsden)
- ◆ Director of Teaching (Bill Naphy)
- ◆ Head of the School of History and History of Art

16 Computing

Ensure that you have a valid computing password. You can register from any campus networked PC by pressing <esc> to get the registration screen. Type in your ID number. If registering for the first time the system will give you a username and you create your own password. **NOTE IT DOWN**. If re-registering, type in your ID number and the system will recognise your username. Then create a new password. You will need to re-register every year.

Week 1: ANCIENT MEDICINE, C. 500 BC-500 CE

Lecture 1	<i>Greek medicine: Hippocrates & Aristotle</i>	Iona McCleery
Lecture 2	<i>Roman medicine: Pliny & Galen</i>	Iona McCleery
Lecture 3	<i>Ancient Eastern Medicine</i>	Iona McCleery
Lecture 4	<i>Medicine and faith</i>	Iona McCleery

This section will first of all examine the beginnings of Western medicine. Key concepts of human health and disease such as humoral theory and ideas of contagion/miasma will be considered. The early importance of empirical observation and the gradual rise of Greek philosophical and medical theory will be documented. The eventual supremacy of Greek medicine and the ambiguous attitudes towards it in the Roman world will be considered. The work of Galen and the Alexandrian school of medicine will receive special emphasis. This section will then look at the origins of Eastern medicine, focusing on China and India, but also noting the role of the bridging culture of Islam from the seventh century CE. Finally, the role of religion and moral ethics in medicine and healing will be examined from ancient times to the early Middle Ages, covering several different world religions.

Core reading:

Porter, *The greatest benefit*, pp. 1–105, 135–62

Further readings:

L. Conrad, 'Epidemic disease in formal and popular thought in early Islamic society', in Ranger and Slack, eds. *Epidemics and ideas* (1992), pp. 77-99
 T. Doby, *Discoverers of blood circulation from Aristotle to the times of Da Vinci and Harvey* (1963)
 R. French, *Science in the early Roman Empire: Pliny the Elder, his sources and influence* (1986)
 D. Hoizey, *A history of Chinese medicine* (1993)
 R. Jackson, *Doctors and diseases in the Roman Empire* (1988)
 H. King, *Greek and Roman medicine* (2001)
 V. Langholf, *Medical theories in Hippocrates* (1990)
 G.E.R. Lloyd, ed. *Hippocratic writings* (1978)
 R.L. Numbers and D.W. Amundsen, *Caring and curing: health and medicine in the western medical traditions* (1986)
 V. Nutton, 'The seeds of disease: an explanation of contagion and infection from the Greeks to the Renaissance', *Medical history* 27 (1983), 1-34
 E. Phillips, *Aspects of Greek medicine* (1987)
 R. Siegel, *Galen's system of physiology and medicine* (1968)
 P.N. Singer, ed. *Selected works: Galen* (1997)
 P. Skinner, *Health and medicine in early medieval southern Italy* (1997)
 M. Ullman, *Islamic Medicine* (1978)
 D. Wujastyk, 'Indian medicine', in Bynum and Porter, *Companion encyclopedia of the history of medicine* (1993), pp. 755-78
The Year 1000, special issue of *Social history of medicine* 13 (2000))

Essay questions:

1. Why did Greek medicine come to believe that theory was better than empirical practice?
2. To what extent was Galen an accurate prism through which to apprehend Hippocrates?
3. What role did Islamic-Arabic medicine play in preserving and improving ancient Greek and Roman medicine?
4. 'The medical thread was unbroken, even if it frayed and threatened to snap.' Discuss in relation to the early medieval West (5th-11th centuries).

Tutorial Questions (for week 2)

1. What do we mean by 'medicine', 'health', 'disease', 'illness', 'cure'? Was the same meaning understood by past societies?
2. What is the relationship between 'magic', 'medicine' and 'religion'?
3. Greece, Rome, Egypt: assess the contribution of each culture to medical theory and practice.

4. What kinds of treatments and medicines could the sick receive in Ancient Greece and Rome and can you explain the logic behind any of them?
5. Compare and contrast the theories and practices of western and eastern medicine.

Week 2: MEDICINE IN THE MIDDLE AGES, AND RENAISSANCE C. 1000–c.1500

Lecture 1	<i>The 'Medical Marketplace'</i>	Iona McCleery
Lecture 2	<i>The impact of the Black Death in Medieval Europe</i>	Iona McCleery
Lecture 3	<i>Medicine and the Renaissance, c.1400–1500</i>	Iona McCleery

This section will follow the recovery of medical learning after the collapse of the Roman Empire, and the gradual interpretation and dissemination of Greek, Roman, and Islamic medical and philosophical thought. A key part of the lectures will be to outline the choices (known as the 'medical market place') available to the medieval sick: magicians, saints, Jewish, Muslim and female practitioners, surgeons, barbers, apothecaries, etc. and to document the rise of the university-trained practitioner. The Black Death and subsequent epidemics had a profound effect on this healthcare system across Europe, and so lectures will also look at changing attitudes towards health and disease and the development of public health regulations. The gradual hardening of attitudes towards non-licensed and non-elite/traditional medical practice (sometimes labelled witchcraft) towards the end of the period will be examined, as will important developments in the understanding of the human body.

Core reading

Porter, *The greatest benefit*, pp. 106-34, 163-200

Further reading

- R. Blumenfeld-Kosinski, *Not of woman born: representations of caesarean section in medieval and Renaissance culture* (1990)
- S. Campbell, B. Hall and D. Klausner, eds. *Health, disease and healing in medieval culture* (1992)
- A. Carmichael, *Plague and the poor in Renaissance Florence* (1986)
- A. Carmichael, 'Contagion theory and contagion practice in fifteenth-century Milan', *Renaissance quarterly* 64 (1991), 213-56
- M.-T. D'Alverny, 'Translators and translations', in *Renaissance and renewal in the twelfth century*, eds. R.L. Benson and G. Constable (1982), pp. 421-62
- J.B. Donegan, *Women and men mid-wives* (1978)
- Edwards and Ziegler, *Matrons and marginal women in medieval society* (1995)
- V.I. Flint, 'The early medieval "Medicus", the saint - and the enchanter', *Social history of medicine* 2 (1989), 127-145
- R. French, J. Arrizabalaga, A. Cunningham and L. García Ballester, eds. *Medicine from the Black Death to the French disease* (1998)
- L. García Ballester, R. French, J. Arrizabalaga and A. Cunningham, eds. *Practical medicine from Salerno to the Black Death* (1994)
- P. Gavitt, *Charity and children in Renaissance Florence: the Ospedale degli Innocenti, 1410-1536* (1990)
- M. Green, *Women's healthcare in the medieval west: texts and contexts* (2000)
- P. Horden, 'Disease, dragons and saints: the management of epidemics in the Dark Ages', in Ranger and Slack, eds. *Epidemics and ideas* (1992), pp. 45-76
- R. Horrox, ed. *The Black Death* (1994)
- M.R. McVaugh, *Medicine before the plague: practitioners and their patients in the Crown of Aragon, 1285-1345* (1993)
- K. Park, *Doctors and medicine in early Renaissance Florence* (1985)
- C. Rawcliffe, *Medicine and society in later medieval England* (1995)
- J. Shatzmiller, *Jews, medicine and medieval society* (1994)
- N. Siraisi, *Medieval and early Renaissance medicine* (1990)

Essay questions

1. Explain the grip that Galenic-Hippocratic (pagan) medicine had on medieval (Christian) medicine.
2. 'The Black Death was disastrous for the afflicted but was not entirely disastrous for its survivors'. Discuss.
3. Compare and contrast the economic and demographic impact of plague (c. 1350-1400) on at least two European nations.

Tutorial Questions (for week 3)

1. How did a) medieval and b) early-modern patients and practitioners view medical authorities of the past? Explain any differences in attitude.
2. How important are developments in art and technology to the history of medicine?
3. Was religion still important in healthcare in the sixteenth and seventeenth centuries?
4. Did female healthcare improve in the early-modern period?
5. How did people respond to plague and other major diseases (leprosy, syphilis, 'fevers', etc.)?

Week 3: *MEDICINE IN THE EARLY MODERN PERIOD, C. 1500-1700*

Lecture 1	<i>Paracelsus and the Assault on Galen, c. 1500–c.1700</i>	Iona McCleery
Lecture 2	<i>The Rise of 'Modern' Medicine, c.1600–c.1700</i>	Iona McCleery

This section will continue to explore the development of medical learning in the Renaissance, looking especially at the impact of the Reformation, modern warfare techniques, urbanization and world exploration on medical thought and practice. Special attention will be given to the rise of chemical medicine (championed by Paracelsus) and the work of other pioneers such as Vesalius, Paré, Harvey and the Chamberlen family. The impact of Harvey's discovery of the circulation of the blood and the importance of inventions such as the microscope and obstetrical forceps will be examined. A key theme will be the declining influence of ancient medical theory in favour of 'modern medical science'. The attitudes of early-modern patients towards their doctors and their new medical theories will also be considered, as will the continuing struggle against disease.

Core reading:

Porter, *The greatest benefit*, pp. 201–44

Further readings:

- J. Arrizabalaga, *The Great Pox: the French Disease in Renaissance Europe* (1997)
- M. Baldwin, 'Toads and plague: amulet therapy in seventeenth-century medicine', *Bulletin of the social history of medicine* 67 (1993), 227–47
- L. Brockliss, *The medical world of early-modern France* (1997)
- J. Burnby, *A study of the English apothecary, 1660-1760* (1983)
- C. Cipolla, *Public health and the medical profession in the Renaissance* (1976)
- H. Dingwall, *Physicians, surgeons and apothecaries: medicine in seventeenth-century Edinburgh* (1995)
- L. Dixon, *Perilous chastity: women and illness in pre-Enlightenment art and medicine* (1995)
- R. French and A. Wear, eds. *The medical revolution of the seventeenth-century* (1989)
- O. Grell and A. Cunningham, eds. *Medicine and the Reformation* (1993)
- L. Hunter and S. Hutton, eds. *Women, science and medicine, 1500-1700* (1997)
- R. Martensen, '“Habit of reason”: anatomy and Anglicanism in Restoration England', *Bulletin of the Social History of Medicine* 66 (1992), 511–35
- A. Oakley, *The captured womb: a history of the medical care of pregnant women* (1984)
- R. Porter, ed. *Patients and practitioners: lay perceptions of medicine in pre-industrial society* (1985)
- P. Slack, *The impact of plague in Tudor and Stuart England* (1985)
- B. Traister, '“Matrix and the pain thereof”: a sixteenth century gynaecological essay', *Medical history* 35 (1991), 436–51
- Walker and Dobson, *Barbers and barber surgeons of London* (1979)
- C. Webster, *Health, medicine and mortality in the sixteenth century* (1979)
- C. Webster, *Paracelsus confronts the saints: miracles, healing and the secularisation of magic* (1995)
- A. Wear, R. French and I. Lonie, eds. *The medical renaissance of the sixteenth century* (1985)
- A. Week, *Paracelsus: speculative theory and the crisis of the early Reformation* (1997)

Essay questions:

1. Assess the contribution of the medieval university to the history of medicine.
2. Why was Paracelsus so reviled?
3. 'The Reformation rent Western European society asunder but had little or no impact on the study or application of medicine'. Discuss.

4. To what extent did the seventeenth and eighteenth centuries witness the end of western medicine's reliance on ancient Greek theory?

Week 4: THE MEDICAL ENLIGHTENMENT

Lecture 1	<i>Philanthropy, infirmaries and dispensaries</i>	Peter McCaffery
Lecture 2	<i>Medical trades and training</i>	Peter McCaffery
Lecture 3	<i>Medicine and the Scottish universities</i>	Ben Marsden

The presence of the old Aberdeen Infirmary on Woolmanhill is one local reminder of the widespread eighteenth-century trend for the wealthy to donate money to provide health-care for the poor (though the present building dates from the beginning of Victoria's reign). In the 1770s philanthropy took the form of establishing dispensaries where the sick poor could be treated as out-patients, and from which home-visits could be made. This was a period when Edinburgh began turning out large numbers of medical graduates whose training in both surgery and physic paid more attention to practical skills than the gentlemanly education received at Oxford and Cambridge by aspiring physicians. One result was the expanding numbers of Scottish doctors moving into the wealthier cities in England. Meanwhile, surgical practice was coming increasingly to be combined with the apothecary's trade. Sometimes, too, the surgeon-apothecary also offered his services as a man-midwife. Besides those practitioners formally licensed as physicians, surgeons or apothecaries, there was a multitude of numerous 'irregular' practitioners who, for instance, sold medical concoctions or knew how to set broken bones.

Core reading:

Porter, *The greatest benefit*, pp. 245-303

* J. B. Morrell, 'Medicine and science in the eighteenth century', in Gordon Donaldson (ed.), *Four centuries. Edinburgh University Life 1583-1983* (1983), pp. 38-52.

Further readings:

- R. G. W. Anderson and A. D. C. Simpson (eds.), *The early years of the Edinburgh Medical School* (1976).
- L W B Brockliss, 'Before the clinic: French medical teaching in the eighteenth century', in Caroline Hannaway & Ann La Berge (eds.), *Constructing Paris medicine* (1998), pp. 71-115
- W F Bynum, 'Health, disease and medical care' in G S Rousseau & Roy Porter (eds) *The Ferment of Knowledge: studies in the historiography of eighteenth-century science*, (1980), pp. 211-53.
- J. R. R. Christie, 'The origins and development of the Scottish scientific community, 1680-1760', *History of Science*, xii (1974), pp. 122-41.
- Toby Gelfand, 'The gestation of the clinic', *Medical History*, 25 (1981) pp. 169-80.
- N D Jewson, 'The disappearance of the sick man from the medical cosmology 1770-1870', *Sociology*, 10 (1976), pp. 225-44.
- Irvine Loudon, 'The nature of provincial medical practice in eighteenth-century England', *Medical History*, 29 (1985), pp. 1-32.
- J. B. Morrell, 'The university of Edinburgh in the late eighteenth century: its scientific eminence and academic structure', *Isis*, lxii (1971), pp. 158-171.
- Roy Porter, 'The gift relation: philanthropy and provincial hospitals in eighteenth-century England', in Lindsay Granshaw & Roy Porter (eds) *The Hospital in History* (1989), pp.149-78.
- Guenter Risse, 'Medicine in the age of Enlightenment', in Andrew Wear (ed) *Medicine in Society: historical essays* (1992), pp. 149-96.
- Guenter Risse, *Hospital life in Enlightenment Scotland care and teaching at the Royal Infirmary of Edinburgh* (1986).
- Lisa Rostner, *Medical education in the age of improvement: Edinburgh students and apprentices 1760-1826* (1991).
- Charles Webster 'The crisis of the hospital during the industrial revolution', in E G Forbes (ed) *Human Implications of Scientific Advance* (1978), pp.214-24

Essay questions:

1. What motives underlay the establishment of hospitals and dispensaries in the eighteenth century?
2. What types of training did various types of eighteenth-century health-practitioner receive?

3. "In many respects eighteenth-century medicine operated more like a trade than ... [a] profession." (Porter, *The greatest benefit*, p. 286.) Discuss.
4. "Before [the nineteenth century], medicine was organized differently." (Porter, *The greatest benefit*, p. 286.) Discuss.
5. "The eighteenth century witnessed advances in medicine, but more importantly it began to transform perceptions of medicine's place in society." (Porter, *The greatest benefit*, 1997, p. 302.)

Issues for tutorials (for week 5)

- a) need for practitioners (and teachers of anatomy) to market their services (cf. Porter, pp. 284-287, 290-293).
- b) contrast between 'leave it to the market' and state-controlled approaches to provision of health-care (ibid. pp.287-294).
- c) connections between surgery (also preventive medicine) and warfare/imperial expansion.
- d) the development of Edinburgh as a centre of medical teaching in the Enlightenment
- e the relationship between the University and Infirmary in that context

Week 5: *NINETEENTH-CENTURY MEDICINE I*

Lecture 1	<i>The medical profession in the nineteenth century</i>	David Smith
Lecture 2	<i>Nineteenth-century public health</i>	David Smith
Lecture 3	<i>Surgical revolution</i>	David Smith

The nineteenth-century saw a series of changes in the education, organisation, regulation and roles of the medical profession. The apothecaries act improved the training and status of this branch of the medical profession. Many apothecaries began to take additional training in surgery began to act as 'general practitioners' from the 1820s. In 1829 apothecaries won the right to charge for advice, as well as medicine, for the first time. Surgical training moved away from apprenticeship and became more academic. By the 1830s and 1840s there was intense competition for patients between apothecaries, surgeons and physicians, and between these regular and irregular practitioners, leading to pressure for reform and eventually the passage of the Medical Reform Act in 1858, which established the General Medical Council and Medical Register.

Meanwhile, the sanitary reform movement emerged, stimulated by the cholera epidemic of 1832, Poor Law reform, investigations of conditions in factories, and increasing awareness of the effects of towns upon health. The Public Health Act of 1848 established a General Board of Health but it was abolished in 1858, largely because the centralising thrust of its policies aroused such strong opposition from entrenched local interests. Nevertheless, a medical department of the Privy Council was created under John Simon and a series of further public health acts followed. At the beginning of the nineteenth century, the state's involvement in public health had been minimal. By the end, a nation-wide civil service of medical officers of health was in place, which was responsible for enforcing regulations covering a wide range of aspects of community life, including water supplies, sewerage, garbage disposal, and housing, and the control of infectious disease, smoke emission and offensive trades.

During the nineteenth century the operative repertoire, ambitions, and status of surgeons increased following the introduction of anaesthesia in the 1840s and antiseptic surgery in the 1860s. The former innovation spread rapidly, reduced the terror of surgery for patients, and allowed surgeons to attempt more delicate operations. The latter innovation was resisted by many surgeons, but greatly reduced the mortality rate from sepsis. By the end of the century, elective surgery was becoming common, and surgeons were prepared to open body cavities and attempt the repair of damaged organs. With their practice underpinned by the germ theory of disease, surgeons could claim to be at the forefront of scientific medicine. After centuries of being regarded as inferior to physicians, surgeons and physicians were now of equal status.

Core reading:

Porter, *The greatest benefit*, pp. 348–427.

Further reading

- Brockington, C. F., *Public health in the nineteenth century* (1965)
 Cartwright, F. F., *A Social History of Medicine* (1977)
 Cartwright, F. F., *The development of modern surgery* (1967)

- Dally, A., *Fantasy surgery, 1880-1930: with special reference to Sir William Arbuthnot Lane* (1996)
- Digby, A., *Making a medical living: doctors and patients in the English market for medicine, 1720-1911* (1994)
- Eyler, J. M., *Victorian social medicine: the ideas and methods of William Farr* (1979)
- Finer, S.E., *The life and times of Sir Edwin Chadwick* (1952)
- Fisher, R. B., *Joseph Lister, 1827-1912* (1977)
- Hamilton, D., *The healers: a history of medicine in Scotland* (1981)
- Hamlin, C., *Public health and social justice in the age of Chadwick: Britain, 1800-1854* (1998)
- Lambert, R., *Sir John Simon, 1816-1904, and English social administration* (1963)
- Lane, J. A *social history of medicine: health, healing and disease in England 1750-1950* (2001)
- Lawrence, C., *Medical theory, surgical practice: studies in the history of surgery* (1992)
- Lawrence, C., *Medicine in the making of modern Britain, 1700-1920* (1994)
- Morris, R.J., *Cholera 1832: the social response to an epidemic* (1976)
- Porter, D., *Health, civilization and the state: a history of public health from ancient to modern times* (1999)
- Rosen, G., *A history of public health* (1958)
- Rosen, G. *From medical police to social medicine* (1974)
- Smith, F. B., *The people's health, 1830-1910* (1979)
- Szreter, S., 'The importance of social intervention in Britain's mortality decline c. 1850-1914: a re-interpretation of the role of public health' (Xerox Heavy Demand) *Social History of Medicine*, 1988 Vol. 1
- Waddington, I. *The medical profession in the Industrial Revolution* (1984)
- Wohl, A. S., *Endangered lives: public health in Victorian Britain* (1983)
- Youngson, A. J., *The scientific revolution in Victorian medicine* (1979)

Essay questions:

1. Was the medical profession more unified at the end of the nineteenth century than at the beginning?
2. What role was played by epidemics in stimulating sanitary reform during the nineteenth century?
3. Why was anaesthesia accepted rapidly, while it was many years before some surgeons accepted the value of antiseptics?

Issues for tutorials (for week 6)

1. Discuss the process leading to the establishment, and the impact of, the General Medical Council.
2. List the factors that contributed to, and limited, the development and impact of the sanitary reform movement, and consider their relative importance.
3. Were there negative as well as positive consequences of the increased confidence that surgeons acquired as a result of the nineteenth-century technical innovations?

Week 6: *NINETEENTH-CENTURY MEDICINE II*

Lecture 1	<i>The bumpy history of phrenology</i>	Ben Marsden
Lecture 2	<i>Nineteenth-century alternative Medicine</i>	Peter McCaffery
Lecture 3	<i>The germ of an idea: Pasteur and the genesis of laboratory-based medicine</i>	Ben Marsden

The first lecture will discuss phrenology, 'only true science of the mind' for its supporters or 'bumpology' for its detractors, which enjoyed great popularity, especially in Edinburgh, in the first half of the nineteenth century. Phrenologists examined the shape of the skull in order to discover intellectual attitudes and character traits. We will explore the context, theories and uses of a discipline taken seriously at the time but now reclassified as 'marginal science'.

In the second lecture, we will consider the four main alternatives to the type of medicine that came to be dominant in the course of the nineteenth century, namely herbalism, homoeopathy, hydrotherapy and mesmerism (though our attention is mainly focused on the middle two of these four). The heroic remedies offered by many 'mainstream' physicians, especially in the first part of the nineteenth century, helped to make milder types of therapy more attractive to patients. This was particularly so in the United States, where there was at this time a widespread attitude of distrust towards professions in general. In Britain, the second half of the century saw 'orthodox' medicine rising in public esteem, a development accelerated by the passage of the 1858 Medical Act. Though

this did not ban the offer of therapeutic services by other practitioners than doctors listed on the Medical Register, it gave the latter an incentive to denounce alternative therapies as unsafe and unscientific. Towards the end of the century, the American Medical Association became increasingly powerful, and as laws requiring medical practitioners to obtain State licensing were enacted by more and more states, the AMA vigorously pursued a policy of seeking to have alternative practices outlawed. The spinal-manipulative therapies of osteopathy and chiropractic, both of which arose in the USA in the last part of the nineteenth century, were among those included in as targets of this campaign.

In the third lecture we will consider the germ theory of disease. We now take it for granted that most infectious diseases are transmitted between carriers by tiny invasive ‘germs’ of one kind or another – especially micro-organisms like bacteria, visible only with powerful microscopes, yet potentially devastating in effect. This lecture takes up the contagion theory of disease (spread by tiny objects), discusses the contentious issues of spontaneous generation (the emergence of life, including parasites, from apparently non-living matter), and culminates in the work of Pasteur (who refuted spontaneous generation amidst great controversy, and put medicine firmly in the domain of the scientific laboratory, with its characteristic regimes and plethora of specialist instruments).

Core reading

- S. H. Mauskopf, ‘Marginal Science’, in R. C. Olby, G. N. Cantor, J. R. R. Christie, and M. J.S. Hodge (eds.), *Companion to the History of Modern Science* (1996), pp. 869–85.
 Roger Cooter “Alternative medicine, alternative cosmology”, pp. 63–78 in Roger Cooter (ed), *Studies in the History of Alternative Medicine* (1988)
 Porter, *Greatest benefit to mankind*, chapter 14, ‘From Pasteur to Penicillin’.

Further reading

- Pietro Corsi (ed.) *The Enchanted Loom: Chapters in the History of Neuroscience* (1991).
 R. M. Young, *Mind, Brain, and Adaptation in the Nineteenth Century: Cerebral localization and its biological context from Gall to Ferrier* (1970; 1990).
 R. M. Young, ‘The Functions of the Brain: Gall to Ferrier (1808–1886)’, *Isis [Journal]*, **59** (1968), 251–68 (a condensed version of the book).
 S. Shapin, ‘Homo Phrenologicus: Anthropological Perspectives on an Historical Problem’, in B. S. Barnes and S. Shapin (eds.), *Natural Order: Historical Studies of Scientific Culture* (1979), pp.41–71.
 S. Shapin, ‘Phrenological Knowledge and the Social Structure of Early Nineteenth-Century Edinburgh’, *Annals of Science*, **32** (1975), pp. 219–43.
 Roger Cooter, *The cultural meaning of popular science: phrenology and the organization of consent in nineteenth-century Britain* (1984).
 David de Giustino, *Conquest of mind: phrenology and Victorian social thought* (1975).
 Edwin Clarke and L. S. Jacyna, *Nineteenth-Century Origins of Neuroscientific Concepts* (1987) (One of the best accounts of Gall and phrenology.)
 Janet Oppenheim, ‘Phrenology and Mesmerism’, in *The Other World: Spiritualism and Psychical Research in England* (1985) on pp. 207–17.
 Josep Lluís Barona, ‘Phrenology’, in Hessenbruch (ed.), *Reader’s guide to the history of science*, pp. 563–564.
 Jack Morrell and Arnold Thackray, *Gentlemen of science* (1981) sections on ‘Peripheral sciences and non-sciences’ in the British Association for the Advancement of Science – pp. 276–296 (e.g., ‘Phrenology and the unwelcome sciences’).
 For the enthusiast, there are many phrenological works from the 1820s onwards in Special Libraries at the University of Aberdeen – see QML catalogue.
 For once, there’s a decent website: <http://pages.britishlibrary.net/phrenology/>

- Harris Coulter, *Divided Legacy: a history of the schism in medical thought vol.3: science and ethics in American medicine 1800-1914*, (1977), esp. pp. 87–139.
 Owen Davies, ‘Cunning-folk in the medical market-place during the nineteenth century’, *Medical History* **43** (1999), pp. 55–73.
 Norman Gevitz (ed), *Other Healers: unorthodox medicine in America* (1988).
 Marijke Gijswijt-Hofstra ‘Conversions to homoeopathy in the nineteenth century: the rationality of medical deviance’, pp. 161–82 in Marijke Gijswijt-Hofstra et al (eds), *Illness and Healing Alternatives in Western Europe* (1997).

- Steven C Martin, “ ‘The only truly scientific method of healing’: chiropractic and American science’, *Isis* 85 (1994): 207–27.
- Phillip A Nicholls, *Homoeopathy and the Medical Profession* (1988) esp. pp.106–32.
- John V Pickstone, ‘Establishment and dissent in nineteenth-century medicine’, *Studies in Church History* 19 (1982), pp. 165–89, esp. pp. 175–87.
- Robin Price, ‘Hydropathy in England 1840–70’, *Medical History* 25 (1981): 269–80.
- Paul Starr, *The Social Transformation of American Medicine* (1982), esp. pp. 47–59 and 93–112.
- Lloyd G Stevenson, ‘Science down the drain’, *Bulletin of the History of Medicine* 29 (1955): 1–26.
- John Farley, *The Spontaneous Generation Controversy from Descartes to Oparin* (1977).
- James E. Strick, *Sparks of Life. Darwinism and the Victorian Debates over Spontaneous Generation* (2000).
- Timothy Alborn, Insurance against Germ Theory: Commerce and Conservatism in Late-Victorian Medicine, *Bulletin of the History of Medicine* 75 (2001): 406–45.
- Andrew R. Aisenberg, *Contagion. Disease, Government, and the “Social Question” in Nineteenth-Century France* (1999).
- Michael Worboys, *Spreading Germs. Disease Theories and Medical Practice in Britain, 1865-1900* (2000).
- Peter Baldwin, *Contagion and the state in Europe, 1830-1930* (1999)
- Patrice Debré, *Louis Pasteur* (2000)
- Gerald L. Geison, *The Private Science of Louis Pasteur* (1995)
- Bruno Latour, *The pasteurization of France* (1988).

Essay questions

1. Discuss the relationship between phrenological science, political radicalism and social reform.
2. Discuss the processes whereby phrenology, a candidate for the ‘one true science of the mind’, moved to the margins of orthodoxy in the nineteenth century.
3. What alternatives to ‘orthodox’ medical ideas and practices were available in Britain and in the United States during the nineteenth century?
4. Why did some nineteenth-century patients prefer alternative treatments to those offered by ‘regular’ practitioners?
5. Discuss the roles of Pasteur and Koch in the establishment of germ theories of disease.
6. Discuss the genesis of laboratory-based scientific medicine.

Issues for tutorial (for week 7)

Read George Combe, ‘The constitution of man’, reproduced in Weber (ed.), *Nineteenth-century science: an anthology*, pp. 161–171 and be prepared to discuss the conceptions of human capabilities, character and behaviour proposed by the phrenologists. What, for Gall and Combe, were the key phrenological ‘faculties’?

Be prepared to discuss the relative importance of economic and cultural factors in the rivalry between orthodox and alternative ideas and practices and the interplay between political, religious and medical disagreements.

Week 7: **CHILDBIRTH: FROM SOCIAL EVENT TO MEDICAL SPECIALISM**

Lecture 1	<i>Medieval and early modern maternity care</i>	<i>Peter McCaffery</i>
Lecture 2	<i>The man-midwife becomes the obstetrician: Britain and North America</i>	<i>Peter McCaffery</i>
Lecture 3	<i>Contrasting national patterns: continental Europe, including the Netherlands</i>	<i>Peter McCaffery</i>

In these three lectures, it is not a matter of simply telling the story of how maternity care has changed over the last few centuries, but rather of discussing the rival merits of different versions of the story.

From the old-style medical historian’s perspective, it is a narrative of more or less uninterrupted progress, as scientific knowledge accumulates and is applied for the purpose of overcoming the many risks, for the mother as well as for the baby, that may arise in childbirth.

For feminist historians, it is a tale of the steady encroachment of men in a sphere which rightfully belongs to women and which was at one time women’s preserve. A subsidiary theme in

older feminist literature is the (now discredited) idea that midwives were prime victims of the seventeenth-century witch-hunts and thus lost ground to male birth-attendants.

The week's first lecture concentrates largely on the early modern period, and thus on the transition from a state of affairs in which medically-trained men were rarely involved in attendance at birth to a situation where man-midwives or *accoucheurs* were beginning to make inroads into this potentially significant section of the healthcare market.

In the second lecture, we consider the patterns which developed in the English-speaking world on both sides of the Atlantic, and we see how the deficiencies in institutional provision for the training of midwives led to the assumption that only a system controlled by doctors would provide adequate care.

The third lecture focuses mainly on the history of the Dutch pattern of largely cooperative relationships between doctors and midwives, based on two principles: the autonomy of midwives as providers of maternity care when a delivery is expected to be normal, and standardisation of criteria for identifying when there is a risk of things going wrong.

Core reading:

Irvine Loudon, 'Childbirth', in W F Bynum & Roy Porter (eds) *Companion Encyclopedia of the History of Medicine* (1993) pp. 1050–71

Further readings:

Eugene R Declerq, 'The trials of Hanna Porn: the campaign to abolish midwifery in Massachusetts', *American Journal of Public Health* 84 (1994): 1022–8.

Isobel Grundy, 'Sarah Stone: Enlightenment midwife', in Roy Porter (ed), *Medicine in the Enlightenment* (1995) pp.128–44.

Brooke V Heagarty, 'Willing handmaidens of science? The struggle over the new midwife in early twentieth-century England' in Mavis J Kirkham & Elizabeth R Perkins (eds), *Reflections on Midwifery* (1997), pp.70–95.

Charles King, 'The New York maternal mortality study: a conflict of professionalization', *Bulletin of the History of Medicine* 65 (1991): 476–502

Irvine Loudon 'Midwives and the quality of maternal care' in Hilary Marland & Anne-Marie Rafferty (eds), *Midwives, Society and Childbirth* (1997) pp.180–200.

Hilary Marland, 'Questions of competence: the midwife debate in the Netherlands in the early twentieth century', *Medical History* 39 (1995): 317–37.

Hilary Marland 'Childbirth and maternity', in Roger Cooter & John Pickstone (eds), *Medicine in the Twentieth Century* (2000), pp.559–74.

Catherine M Scholten, '“On the importance of the obstetrick art”: changing customs of childbirth in America, 1760 to 1825', *William and Mary Quarterly* 34 (1977): 426–45.

Margaret C Versluisen, 'Midwives, medical men and “poor women labouring of child”: lying-in hospitals in eighteenth-century London', in Helen Roberts (ed), *Women, Health and Reproduction* (1981) pp.18–49.

Rose Weitz & Deborah Sullivan, 'The politics of childbirth: the re-emergence of lay midwifery in Arizona', *Social Problems* 33 (1986) pp. 162–75.

Merry E Wiesner, 'Early modern midwifery: a case study', in Barbara A Hanawalt (ed) *Women and Work in Preindustrial Europe* (1986) pp. 94–113

Adrian Wilson 'Participant or patient? Seventeenth-century childbirth from the mother's point of view', in W F Bynum & Roy Porter (eds) *William Hunter and the Eighteenth-Century Medical World* (1985).

Essay questions:

1. Evaluate alternative explanations for the move from home to hospital birth.
2. Compare and contrast the historical changes in the role of midwives in any two Western countries.

Issues for tutorials (for week 8)

- a) Is it the growth of scientific knowledge that has driven the changes in maternity care since the 17c?
- b) What part did factors relating to social class play in the move to involve doctors in maternity care?
- c) How do you account for the fact that customs relating to this 'biological given' differ so much?
- d) Have any significant changes been occurring in the world of maternity care in recent decades?
- e) How have economic and political factors influenced national policies in this area?
- f) Does the notion of a profession inevitably reflect a masculine, competitive ethos?

Week 8 THE ANIMAL ESTATE: 'HUMANITY' AND VIVISECTION

Lecture 1	<i>Man and other animals</i>	Ben Marsden
Lecture 2	<i>Fighting cruelty: the humanitarian movement</i>	Ben Marsden
Lecture 3	<i>Secular medicine and (anti-)vivisection</i>	Ben Marsden

This week we discuss 'the animal estate' and, in particular, the relationship between 'man' and other animals. Routes into the fascinating topic include the humanitarian movement of the nineteenth century: fighting cruelty to animals (or not) often entailed a view of the animal kingdom which reflected (condoned) the structure of society; teaching kids to be nice to dogs encouraged them not to murder their neighbours; religious attitudes might preclude – or, in some circumstances, condone – various 'uses' of the 'brute creation'; questions of race and gender relations could easily be mapped on to the animal kingdom. Thus, social reformers were often 'anti-cruelty'. But when did legitimate concerns tip over into the crankiness of vegetarianism, canine phrenology, and RSPCA splinter groups – like the Animals' Friend Society? The (anti-) vivisection movement of the late-nineteenth century brought such questions to a head: could – and should - medics learn about people through animal studies?

Core reading:

Selections from: Harriet Ritvo, *The animal estate: the English and other creatures in the Victorian age* (1987) and Hilda Kean, *Animal rights* (1998).

Further readings:

James Serpell, *In the company of animals: a study of human-animal relationships* (1986)
Christine Kenyon-Jones, *Kindred brutes: animals in romantic-period writing* (2001)
Aubrey Manning and James Serpell (eds.), *Animals and human society: changing perspectives* (1994)
Harriet Ritvo, *The platypus and the mermaid, and other figments of the classifying imagination* (1998)
James Turner, *Reckoning with the beast: animals, pain, and humanity in the Victorian mind* (1980)
Brian Harrison, *Peaceable kingdom: stability and change in modern Britain* (1982).
Ralph H. Lutts, *The nature fakers: wildlife, science and sentiment* (2001)
Harriet Ritvo, *The animal estate: the English and other creatures in the Victorian age* (1987)
There are also several (not-very-good) histories of the RSPCA. An excellent primary source (ask me for a copy) is Lewis Gompertz, *Moral inquiries* (a manifesto for animal rights, since bizarrely taken up by Peter Singer).
Adrian J. Desmond, *The politics of evolution: morphology, medicine, and reform in radical London* (1989)
Nicolaas A. Rupke, *Vivisection in historical perspective* (1987)
M. A. Elston, 'Anti-vivisection' on pp. 34-35 in Arne Hessenbruch, *Reader's guide to the history of science* (2000).
Richard D. French, *Anti-vivisection and medical science in Victorian society* (1975).
Andrew Cunningham and Perry Williams (eds.), *The laboratory revolution in medicine* (1992)
Susan E. Lederer, *Subjected to science: human experimentalism in America before the Second World War* (1995).
Richard D. Ryder, *Animal revolution: changing attitudes towards speciesism* (1989)
For a literary response to vivisection in the late nineteenth century, see Wells. *Island of Dr Moreau*.

Essay questions:

1. Examine the historical relationship between man and other animals, especially in the nineteenth century.
2. Discuss the origins of the humanitarian movement in Britain. To what extent did the ideals and actions of the movement reflect specific social attitudes?
3. Discuss the historical development of vivisection and the anti-vivisection movement. How did that development reflect attitudes towards 'scientific medicine'?

Week 9: INSANITY, GENDER AND THE ASYLUM

Lecture 1	<i>Constructions of insanity</i>	Oonagh Walsh
Lecture 2	<i>Gender and the asylum</i>	Oonagh Walsh
Lecture 3	<i>Image and Reality</i>	Oonagh Walsh

The first lecture will provide a background to the construction of the insane in nineteenth-century Britain. It will examine changing attitudes towards mental illness, and provide a context for the dramatic expansion of the asylum system throughout the century. The second lecture will engage with the issue of gender as a factor in asylum admissions. Many historians have argued that women were more likely to be admitted to institutions than men, and that asylums in particular operated as a means of social control. Recent research however suggests otherwise, and this session will present both sides of this debate. The third lecture will deal with recent historiographical approaches to the history of the insane, and discuss recent trends in the field.

Core reading:

E. Showalter, *The Female malady: women, madness and English culture, 1830-1980* (1987), chapter 2
 A. Scull, *The Most Solitary of Afflictions: madness and society in Britain, 1700-1900* (1993), chapter 4
 (you should also read chp. 3 if you have time).

Further reading:

If you are considering doing this topic for your essay, the texts below will be of use to you. There are several articles in the edited collections which are relevant to different aspects of the debate over institutionalisation. Please contact Oonagh Walsh for a more detailed list of relevant material.

P. Bartlett and D. Wright (eds.), *Outside the walls of the asylum: the history of care in the community, 1750-2000* (1999)
 J. Melling and B. Forsythe (eds.), *Insanity, institutions and society, 1800-1914* (1999)
 A. Digby, *Morality, madness, and medicine: a study of the York Retreat 1796-1914* (1985)
 Bynum, Porter & Shepherd (eds.) *Anatomy of Madness*, Vol. 2 (1985)

Essay questions:

1. How do you explain the rapid expansion of the lunatic asylum system in Britain in the nineteenth century?
2. It has been argued that asylums operated as a means of social control. How accurate an assessment is this for the nineteenth century?

Week 10

ANATOMY AND CULTURAL PERCEPTIONS OF THE BODY

Lecture 1	<i>Anatomy in early modern Europe</i>	Elizabeth Hallam
Lecture 2	<i>Modelling and imaging the body</i>	Elizabeth Hallam
Lecture 3	<i>The corpse in modern Western societies</i>	Elizabeth Hallam

The lectures this week will focus on the development of anatomy in Western societies as well as the formation of cultural perceptions of the body. In particular, we will address early modern attitudes towards the human body and anatomical exploration. We will also examine anatomy and medical knowledge, the imaging of the body and representations of the body after death in modern Western contexts.

Core reading:

Sawday, J. *The Body Emblazoned. Dissection and the Human Body in Renaissance Culture* (1995) (especially Chapters 3 and 4)

The following can be used for tutorial discussion:

Hallam, E., Hockey, J. and Howarth, G. *Beyond the Body. Death and Social Identity* (1999) (Chapter 2) - to be circulated.
 Sinclair, S *Making Doctors. An Institutional Apprenticeship* (1997) (Chapter 7) - to be circulated.

Further reading:

Stephen Kern, *Anatomy and destiny: a cultural history of the human body* (1975).
 K. B. Roberts *The fabric of the body: European traditions of anatomical illustration* (1992).
 Carlino, Andrea *Books of the body: anatomical ritual and Renaissance learning* (1999).
 Kemp, Martin, *Spectacular bodies: the art and science of the human body from Leonardo to now* (2000).
 Birke, L. *Feminism and the Biological Body* (1999).

Turner, B. S., *The body and society: explorations in social theory* (1984) (for sociological perspectives on the body).

Feher, M. (Ed) *Fragments for a History of the Human Body* (1989) (especially Part Three).

Quigley, C. *The corpse: a history* (1996).

Cartwright, L. *Screening the body: tracing medicine's visual culture* (1995).

Good, B. *Medicine, rationality and experience: an anthropological perspective* (1994).

Llewellyn, N. *The art of death: visual culture in English death ritual c.1500-c.1800*, (1991).

Llewellyn, N. *Funeral monuments in post-Reformation England* (2000).

Young, K. *Presence in the Flesh. The Body in Medicine* (1997).

Helman, C. *Body Myths*, (1991) (Chapter 8: 'The Dissecting Room').

See also the exhibition catalogue for the *Body Worlds* Exhibition: *Körperwelten* (1997).

The information about the exhibition in London can be found at <http://www.bodyworlds.com/EN/aktuelle.htm>

Essay questions

1. Explore the social and cultural significance of anatomical exploration in sixteenth and seventeenth century Europe.
2. Models and images of the human body convey important social and cultural messages. Discuss with reference to particular examples.
3. Examine the ways in which perceptions of the dead body have been shaped by society and culture in twentieth century Western societies.

Tutorial questions

1. How was the body used within the anatomical exploration of the 16th/17th century?
2. How have models and visual images shaped perceptions of the body?
3. How has the corpse been deployed and viewed within Western cultures of medicine in the twentieth century?
4. Why is the public display of the human body after death seen as such a problematic issue in present-day society? (see materials on the *Body Worlds* exhibition)

Week 11 *MEDICINE IN THE TWENTIETH CENTURY I*

Lecture 1	<i>The state, the medical profession, and the rise of 'productionist' medicine</i>	David Smith
Lecture 2	<i>Inter-war health debates: poverty, nature and nurture</i>	David Smith
Lecture 3	<i>Communitarianism medicine: the NHS</i>	David Smith

These lectures on the history of medicine of the twentieth century will extend into week 12. They will survey trends from the fear of physical degeneration and industrial and military decline in the 1900s, to health and medicine as a part of consumer society in the 1990s. The roles of the state, the medical profession and medical science will be explored, as well as key periods such as the two world wars, the 'hungry thirties', the social and cultural changes of the 1960s, and Thatcherism of the 1980s.

Core reading:

This will be the basis of the tutorial discussion

J. Pickstone, 'Production, Community and Consumption: The Political Economy of Twentieth-Century Medicine'. In Cooter and Pickstone 2000, pp. 1—19

Further reading:

- M. Brandt and M. Gardner, 'The Golden Age of Medicine', in Cooter and Pickstone (2000) pp. 21–37.
- V. Berridge, 'AIDS and Patient-Support Groups', in Cooter and Pickstone (2000) pp. 687–701.
- V. Berridge, *Health and society in Britain since 1939* (1999).
- S. Cherry, *Medical services and the hospitals in Britain, 1860-1939* (1996).
- R. Cooter and J. V. Pickstone, *Medicine in the twentieth century* (2000).
- R. Cooter, *Studies in the history of alternative medicine* (1988).
- D. Dwork, *War is Good for Babies a history of the infant and child welfare movement in England 1898-1918*, (1987).

- M. Freeden, 'Eugenics and Progressive Thought: A study of Ideological Affinity' *The Historical Journal*, 1979, vol. 22, pp. 645–71
- B. B. Gilbert, *The evolution of national insurance in Great Britain: the origins of the welfare state* (1966).
- Anne Hardy, *Health and medicine in Britain since 1860* (2001).
- G. Jones, 'Women and Eugenics in Britain: the cases of Mary Scharlieb, Elizabeth Sloan Chessser, and Stella Browne', *Annals of Science*, 1995, vol. 51, pp. 481–502.
- H. Jones, *Health and society in twentieth-century Britain* (1994).
- D. King and R. Hansen, 'Experts at work: state autonomy, social learning, and eugenic sterilisation in 1930's Britain', *British Journal of Political Science*, 1999, vol. 29, no. 1
- R. Klein, 'The Crises of the Welfare States', in Cooter and Pickstone (2000), pp. 155–70.
- J. Lane, *A social history of medicine: health, healing and disease in England, 1750–1950* (2001).
- C. Lawrence, *Medicine in the making of modern Britain, 1700–1920* (1994).
- J. Lewis, *What price community medicine?: the philosophy, practice and politics of public health since 1919* (1986).
- I. Loudon et al (eds) *General practice under the National Health Service, 1948–1997* (1998).
- R. Lowe, 'The Second World War, Consensus, and the Foundation of the Welfare State', *Twentieth Century British History*, 1990, vol. 1, pp. 183–206.
- D. A. MacKenzie, *Statistics in Britain, 1865–1930: the social construction of scientific knowledge* (1981).
- J. Macnicol, 'Eugenics and the Campaign for Voluntary Sterilisation in Britain Between the Wars', *Social History of Medicine*, 1989, vol. 2, pp. 147–269
- J. Pickstone, 'Production, Community and Consumption: The Political Economy of Twentieth-Century Medicine'. In Cooter and Pickstone (2000), pp. 1–19
- M. Saks, 'Medicine and the Counter Culture', in Cooter and Pickstone (2000), pp. 113–23.
- G. R. Searle, *The quest for national efficiency: a study in British politics and political thought 1899–1914* (1971).
- G. R. Searle, *Eugenics and politics in Britain, 1900–1914* (1976).
- M. Thomson, *The problem of mental deficiency: eugenics, democracy, and social policy in Britain c.1870–1959* (1998).
- C. Webster, 'Medicine and the Welfare State 1930–1970' in Cooter and Pickstone 2000, pp. 125–40.
- C. Webster, *The health services since the war*, London, H.M.S.O., 1988.
- C. Webster, *The National Health Service: a political history*, Oxford, O.U.P. 1998.

Essay questions:

1. Analyse the rise and decline of 'productionist medicine' in twentieth-century Britain.
2. Analyse the rise and decline of 'communitarianism' in British medicine in the Twentieth Century.
4. Discuss the impact of the eugenics movement in Britain.
5. Explore the late-twentieth century alternative medicine movement and the transition from 'alternative' to 'complementary' medicine.

Tutorial questions (for week 12)

1. Explain Pickstone's typology of 'kinds of medicine' in the Twentieth Century, and give examples of each type.
2. How does the typology relate to the chronology of the history of medicine of the Twentieth Century?
3. Discuss weakness and omissions in Pickstone's conceptualisation of the history of medicine of the Twentieth Century.

Week 12 **MEDICINE IN THE TWENTIETH CENTURY II**

- | | | |
|-----------|---|-------------|
| Lecture 1 | <i>The 'rolling back' of the state and the rise of medical consumerism in the late twentieth century</i> | David Smith |
| Lecture 2 | <i>The rise of alternative/complementary medicine</i> | David Smith |

For themes and reading see week 11.